

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE <div style="text-align: center;">April 11, 2006</div>	
NAME OF SERVER (PRINT) Vivian A. Houghton, Esquire	TITLE Attorney for Plaintiffs	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____		
<input checked="" type="checkbox"/> Other (specify): <u>United States Postal Service via First Class Certified Return Receipt</u>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL <div style="text-align: right;">\$4.64</div>
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>6-19-06</u> <u>Vivian A. Houghton</u> <div style="display: flex; justify-content: space-between; width: 100%;"> Date Signature of Server </div> </p> <p style="text-align: center; margin-top: 20px;"> <u>800 West Street Wilmington, DE 19801</u> Address of Server 302-658-0518 </p>		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States Fish
and Wildlife Service
Department of the
Interior
1849 C. Street N.W.
Washington, D.C. 20240

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☒ Agent
☐ Addressee

B. Received by (Printed Name) A. Giles C. Date of Delivery 4/11/06

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540